

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Jackson  
 Civil Dis. 10th  
 or  
 Village \_\_\_\_\_  
 or  
 City Cookville (No. R # 4 St.: \_\_\_\_\_ Ward)  
 2 FULL NAME Maudie Wasson

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

29741

File No. 5  
 Reg. No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, Divorced, <u>Married</u>
6 DATE OF BIRTH _____ 1 _____ (Month) (Day) (Year)		
7 AGE <u>abt 37</u> yrs. mos. ds.		If LESS than 1 day, ___ hrs. or ___ min.?
8 OCCUPATION (a) Trade profession or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>George Webb</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Franklin</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. P. Wasson  
 (Address) \_\_\_\_\_

15 Filed Dec 7 1929 Registrar M Ballard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Dec 6 1929 to one call only that I last saw her alive on Dec 6 1929 and that death occurred, on the date stated above, at 1030 M

The CAUSE OF DEATH\* was as follows: 145c  
Child Birth and Gall Stone  
 (Duration) 4 or 5 yrs. mos. ds.

Contributory (Secondary) \_\_\_\_\_  
 Signed J. P. Shipley M. D.  
Dec 8 1929 address Cookville

\*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal State whether or not an operation was performed.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents)  
 At place of death yrs. mos. ds. In the State yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Shelbytown yard DATE OF BURIAL 12/17 1929  
 20 UNDERTAKER Jew Whitson & Co ADDRESS City